

Ethical Issues in Clinical Practice: Adapting Care for Diverse Patient Groups

Arthur Jones, EdD, RRT

This Presentation is Approved for
1.5 CRCE Credit Hours

Learning Objectives

- Explain the ethical & legal bases for cultural competence among healthcare professionals
- Explain the sociological & anthropological bases for variations in perceptions & practices pertaining to healthcare among ethnic groups
- Describe the implications for various conceptions of disease, treatment, & end-of-life among various ethnic & religious groups
- Describe appropriate & inappropriate communications practices for caregivers attending patients from diverse ethnic groups
- Describe mechanisms by which practitioners, managers, & administrators can promote cultural competence

Rationale for Lesson

- This is NOT about political correctness
- Caregivers must be aware of the perceptions & practices of diverse cultures to communicate effectively & deliver effective care

Up next: Video on medical culture shock (2 min)

Rationale for Lesson

- Diversity is a fact of life & will grow

Race/Ethnicity	2012 (%)	2060 (%)
White alone	78	69
Black alone	13	15
Asian alone	1.2	1.5
Asian alone	5.1	8.2
NHPI alone	0.2	0.3
Two or More Races	2.4	6.4
Non-Hispanic White Alone	63	43
Hispanic (of any race)	17	31

U.S. Department of Commerce
BUREAU OF ECONOMIC ANALYSIS
U.S. Census Bureau

Ethical & Legal Bases

Ethical Basis for Cultural Competency (CC)

- Principles of bioethics
 - ❖ Autonomy: patients are active in their care (may conflict with cultural tendencies)
 - ❖ Beneficence: care must help the patient
 - ❖ Nonmaleficence: do no harm
 - ❖ Justice: fair distribution of healthcare resources

Ethical Basis for CC

- It is simply the right thing to do

Legal Basis for CC

- Federal law - No person may be subjected to discrimination on the basis of national origin in health & human services programs because they have a primary language other than English
- Limited English proficiency (LEP)

FYI see links below for legal framework for language access

Legal Basis for CC

- Language assistance is mandated for any institution that accepts Federal funds, including Medicare
- State laws also exist, with variable requirements

Legal Basis for CC

- Mandated extent of language services is contingent upon
 - ❖ Number or proportion of Limited English Proficient (LEP) patients
 - ❖ Frequency of contact with a specific language
 - ❖ Nature & importance of service
 - ❖ Institutions with smaller budgets have lesser expectations

Legal Basis for CC

- Joint Commission proposed requirements (partial list)
 - ❖ Staff training on cultural sensitivity
 - ❖ Staff training on the use of communication tools
 - ❖ Provision of language access services & auxiliary aids
 - ❖ Accommodation of patients' cultural, personal, & religious beliefs

FYI see links below for Joint Commission manual on CC (102p)

Results of Cultural Incompetence

- Caregiver anxiety & ineffectiveness, causing
 - ❖ Avoidance of certain patients &
 - ❖ Disparate care
- Patient mistrust of caregivers, which impairs adherence to care

Results of Cultural Incompetence

- Miscommunication, which impairs quality of care
- Clinical errors
- Litigation (lawsuits)
- Dissatisfaction of patient & family (reports to administration)

Medical Social Science: An Introduction

Terms

- **Nationality:** the legal status of belonging to a particular nation by origin, birth, or naturalization
- **Race:** categorization on the basis of various sets of heritable characteristics - may impact diagnosis & treatment
- **Ethnicity:** group identification through a common heritage that is real or assumed

Terms

- **Culture:** the set of shared attitudes, values, goals, & practices that characterize an institution, organization, or group including
 - ❖ Thought
 - ❖ Behavior
 - ❖ Morals
 - ❖ Values
 - ❖ Norms
 - ❖ Art

Culture

- **Another view:** culture is how humans adapt to environments
 - ❖ Plants & animals adapt physically to survive environments
 - ❖ Humans adjust their environment to suit them, e.g. building houses
 - ❖ Explains how cultures originate
- Cultures are not static entities; they change over time

Varieties of Cultures

- Ethnic groups
- Religious groups
- Age groups or generations
- Occupations, including medical culture & its subcultures

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- Religious groups
- Age groups or generations
- Occupations, including medical culture & its subcultures
- Disabilities, e.g. deafness
- Gender, e.g. feminists
- Sexual preference, e.g. gay activists
- Social groups, e.g. homeless

Functions of Culture

- Enabling communication with others
- Enabling anticipation of how others are likely to behave
- Providing the knowledge & skills necessary to survive in the customary environment
- Providing means to identify with others of similar background

Terms

- **Ethnocentricity:** one believes in the superiority of his or her own group
- **Cultural relativism**
 - ❖ One does not judge the behavior of others using the standards of his or her own culture; rather, one analyzes each culture on its own terms
 - ❖ Cultures are neither good nor bad, only different

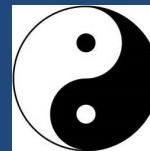
Terms

- **Cultural competency:** the ability of systems to provide care to patients with diverse values, beliefs, & behaviors, meeting individuals'
 - ❖ Social needs
 - ❖ Cultural needs
 - ❖ Linguistic needs

Diverse Perceptions of Healthcare

Conceptions of Disease

- Biomedicine (Western medicine)
- Chinese - imbalance of Yin/Yang, hot & cold qualities (not just temperature)



Conceptions of Disease

- > Biomedicine (Western medicine)
- > Chinese - imbalance of Yin/Yang, hot & cold qualities (not just temperature)
- > Ayurvedic - imbalance of air, heat, moisture, prana (life energy)
- > African/Haitian - natural vs. supernatural (spiritual possession or breach of taboo)

FYI see links below for information on prana & yoga

Conceptions of Disease

- > Native American - disharmony with nature
- > Hispanic traditional
 - ❖ Hot & cold balance
 - ❖ Folk diseases, e.g. evil eye (mal de ojo), fallen fontanel (caida de la mollero)

Conceptions of Treatment

- > African-Americans
 - ❖ May distrust the medical system
 - ❖ May adhere to African concepts
- > Hispanic - healers (curanderos) use diet, herbs, massage, rituals
- > Native American - spiritual & herbal healers

Up next: Videos on African-American viewpoint (7 min) & curendaros (2 min)

Conceptions of Treatment

- > Asians, e.g. Hmong - spiritual
- > African/Haitian, e.g. Voodoo rituals
- > Hot & cold - may believe opposite effects of biomedicine

Up next: Videos on Native-American viewpoint (5.5 min), Asian Buddhist viewpoint (2 min), & Haitian Voodoo healing (6 min)

Traditional Treatments

- > Herbs, e.g. curanderos - effective vs. toxic
- > Massage
- > Acupuncture
- > Coining: heated coin over area
- > Cupping: warm glass over area

See links below to view lesions from coining, cupping, & lesions from cupping

End-of-Life Issues

- > To tell or not to tell (the patient)
- > DNR - may imply lack of faith
- > Discontinuation of life support - disloyalty
- > Organ donation, autopsies

End-of-Life Issues

- Vigils required for some cultures
- Special preparation of body
- Rapid burials - some religions
- Rom (Gypsies) - death bed carried outside for spiritual release
- Expression of grief varies

FYI for more information see our presentation "Ethical & Legal Issues in Clinical Practice: End-of-Life Issues"

Religious Issues

- Religion may be integral part of healing
- Sacred objects
 - ❖ Candles
 - ❖ Amulets, rosaries
 - ❖ Images (Saints)
 - ❖ Threads (Hindus)
 - ❖ Medicine bundles (Native Americans)

Religious Issues

- Access to clergy, spiritual healer may be an absolute necessity
- Blood
 - ❖ Jehovah's Witnesses will not receive
 - ❖ Others refuse to have it drawn (Mien, SE Asia)

Religious Issues

- Access to clergy, spiritual healer may be an absolute necessity
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 - ❖ Others refuse to have it drawn
- Modesty - critical to some faiths
- Inter-gender touching is forbidden by some faiths
- Accommodations for prayer required for some faiths

Family Issues

- Locus of decision-making
 - ❖ Patient
 - ❖ Family
 - ❖ Male authority
 - ❖ Eldest female
- Extended family may visit, especially Rom (gypsies)

Communication & Caregiving

Spoken Language

- Appropriate greetings
- A little language can hurt
 - ❖ Respire profundo
 - ❖ Puta
 - ❖ Merd
- Avoid using 'positive & negative', e.g. results

Spoken Language

- Translators
 - ❖ Not family, especially children
 - ❖ Medical translator (certified)
 - ❖ Fluent colleague
 - ❖ Telephone translation

Up next: Video of family translators (2 min)

Body Language

- Eye contact with authority figure may be considered disrespectful or have sexual connotation
- Common gestures may be offensive (thumbs up, OK)
- Gestures from patients may be different, e.g. nodding may mean "No" & vice-versa

Up next: Video of communications (1 min)

Potential Blunders

- Stereotyping - there is variability among individuals within groups
- Gestures, e.g. 'thumbs up, 'OK'
 - ❖ Come here with forefinger
 - ❖ Soles of feet
- Compliments - evil eye

Potential Blunders

- Stereotyping - there is variability among individuals within groups
- Gestures, e.g. 'thumbs up, 'OK'
- Compliments - evil eye
- Positive predictions, without saying 'God willing'
- Inter-gender touching
- Left-handedness

Up next: Video of cultural competence vs. incompetence (7.5 min)

Promoting Cultural Competency

Bedside Practitioners

- > Ethnocentricity - NOT
- > Self-awareness
 - ❖ Practice cultural humility to recognize the limitations of your cultural viewpoint & work toward overcoming these limitations
 - ❖ Recognize that achievement of CC takes time and effort - an ongoing process

FYI see links below for information on cultural humility

Bedside Practitioners

- > Respect the patient, including their culture
- > Care for the patient as an individual (patient-centered care)
- > Seek information about issues & alternative viewpoints
- > Avoid assumptions about individual patient's cultural tendencies

FYI see links below for CC Assessment for health practitioners

Bedside Practitioners

- > Match genders for care
- > Ask before touching
- > Take caution with body language
- > Avoid gestures
- > Learn greetings in patient's language
- > You can't know everything about all cultures - locate & use resources

FYI see links below for website on cultural profiles

Potential Resources

- > The patient - ask them
- > Family members
- > Social workers
- > Chaplains
- > Colleagues

Organizational Responsibilities

- > Establish CC as core value
- > Establish resources
 - ❖ Translators
 - ❖ CC trainers - healthcare professionals with sociology/ anthropology backgrounds
 - ❖ Communications to staff about cultural values

Organizational Responsibilities

- > Accommodations
 - ❖ Visiting privileges
 - ❖ Religious requirements, including integration of traditional healers
 - ❖ Traditional beliefs & practices
 - ❖ Traditional dietary requirements

FYI see links below for indicators for organizational CC

Manager's Responsibilities

- > Support all organizational CC efforts
- > Schedule CC training & discussion groups

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- > Support all organizational CC efforts
- > Schedule CC training & discussion groups
- > Identify, utilize, & reward human resources within the department as potential
 - ❖ Trainers
 - ❖ Translators
 - ❖ Advisors on specific cultures

FYI see links below for manager's guide to CC (54 p)

Summary & Review

- > Rationale - quality care
- > Ethical basis - justice
- > Legal basis - language, Joint Commission
- > Terms - nationality, race, ethnicity, culture, ethnocentricity, & cultural relativism

Summary & Review

- > Diverse perceptions of healthcare
 - ❖ Disease
 - ❖ Healing
 - ❖ End-of-life
- > African-American
- > Traditional Hispanic
- > Native American
- > Traditional Chinese
- > Ayurvedic
- > African/Haitian

Summary & Review

- > A little language can help or hurt
- > Translator - family vs. medical translators
- > Body language - gestures
- > Common blunders - compliments, positive predictions

Summary & Review

- > Promoting cultural competence
 - ❖ Practitioner - self-awareness, cultural humility, & respect
 - ❖ Organization - core value & providing resources
 - ❖ Manager - support organizational efforts & develop human resources
 - ❖ Additional resources

Web Sites for Specific Cultures

- <http://en.wikipedia.org/wiki/Ayurveda>
- <http://en.wikipedia.org/wiki/Curandero>
- <http://www.webster.edu/~corbetre/haiti/voodoo/overview.htm>
- <http://www.amfoundation.org/tcm.htm>
- <http://www.answers.com/topic/native-american-medicine>
- <http://www.religioustolerance.org/roma2.htm>

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